

09/768131

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/768131	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/		/		51	
2		/		/		/	52	
3		/		/		/	53	
4	/		/		/		54	
5		/		/		/	55	
6		/		/		/	56	
7	/		/		/		57	
8		/		/		/	58	
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46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3	↓	3	↓	4	↓	TOTAL IND.	↓
TOTAL DEP.	2	↓	8	↓	11	↓	TOTAL DEP.	↓
TOTAL CLAIMS			11		15		TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENTS

FORM PTO-1350 (REV. 3-78)

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